

SERFF Tracking Number: CMBD-127178451 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 48832
Company Tracking Number: 12909-411
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: chld rider
Project Name/Number: child rider/12909-411

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: chld rider

SERFF Tr Num: CMBD-127178451 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-
Closed State Tr Num: 48832

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: 12909-411

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Donna Marron

Disposition Date: 06/02/2011

Date Submitted: 05/20/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: child rider

Status of Filing in Domicile: Pending

Project Number: 12909-411

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: We have filed in
our state of domicile and are currently under
review.

Thank you,

Donna Marron

Senior Contract Analyst

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/02/2011

Deemer Date:

State Status Changed: 06/02/2011

Submitted By: Donna Marron

Created By: Donna Marron

Filing Description:

Corresponding Filing Tracking Number:

May 20, 2011

Ms. Rosalind Minor

SERFF Tracking Number: CMBD-127178451 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 48832
Company Tracking Number: 12909-411
TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
Product Name: chld rider
Project Name/Number: child rider/12909-411

Arkansas Insurance Division
1200 W Third St
Little Rock, Arkansas 72201-1904

Re: Combined Insurance Company of America
Individual Accident & Health FEIN Number 36-2136262
NAIC Number 626-62146
Form No. 12909-411 - Child Rider for Accident and Sickness Hospital
Indemnity Policy, Form No. 12904-AR
SERFF Tracking Number:

Dear Ms. Minor:

This is a new filing. Form No. 12909-411 is a new form which will replace Form No. 12909, previously approved by your Department on 4-21-99. It is being filed for use with our Accident & Sickness Hospital Indemnity Policy, Form No. 12904-AR, approved by your Department on April 21, 1999 under state tracking No. 12904-AR.

Form No. 12909-411, per the underlined words, is being filed to revise the Conversion Provision as noted below.

fæ Revised the first paragraph of the Conversion Privilege to read:

CONVERSION PRIVILEGE

You may convert the coverage under this rider to an individual policy of insurance without furnishing evidence of insurability. The conversion must take place within 31 days after the termination of the policy due to the child's attainment of the relevant termination age (i.e., 21st birthday (23rd birthday if a registered student in regular full time attendance at an accredited secondary school, college or university).

We have also revised the form number by adding -411. We filed in our state of domicile April 21, 2011, with the filing assigned and pending review.

Rate Sheet 5359, previously approved on 4/21/99, contains the benefits and premium charged for this rider. The above change does not affect the approved rates. A variable memorandum is included for your reference.

The policy form of which this rider is attached is being marketed by our field agents along with mail and telephone solicitation. When marketed by our Worksite Solutions Division, the policy form premium will be payroll deducted. The forms are home office issued.

SERFF Tracking Number: CMBD-127178451 State: Arkansas
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 Company Tracking Number: 12909-411
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: chld rider
 Project Name/Number: child rider/12909-411

Thank you for your review. If you need anything further, please feel free to contact me toll free at 888.449.3623 ext. 31538 or email me at the address below.

Sincerely,

Donna Marron
 Senior Policy Analyst
 Enclosures

Company and Contact

Filing Contact Information

Donna Marron, Senior Policy Analyst
 1000 Milwaukee Avenue
 Glenview, IL 60025

Donna.Marron@combined.com
 847-953-1538 [Phone]
 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America
 1000 Milwaukee Avenue
 Glenview, IL 60025
 (847) 953-1531 ext. [Phone]

CoCode: 62146

Group Code: 626

Group Name:

FEIN Number: 36-2136262

State of Domicile: Illinois

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	05/20/2011	47829567

SERFF Tracking Number:	CMBD-127178451	State:	Arkansas
Filing Company:	Combined Insurance Company of America	State Tracking Number:	48832
Company Tracking Number:	12909-411		
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	chld rider		
Project Name/Number:	child rider/12909-411		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

<i>SERFF Tracking Number:</i>	<i>CMBD-127178451</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48832</i>
<i>Company Tracking Number:</i>	<i>12909-411</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>chld rider</i>		
<i>Project Name/Number:</i>	<i>child rider/12909-411</i>		

Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMBD-127178451 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 48832

Company Tracking Number: 12909-411

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: chld rider

Project Name/Number: child rider/12909-411

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	variability memo	Approved-Closed	Yes
Supporting Document	Certificate of Compliance with Arkansas Rule and Regulation 19	Approved-Closed	Yes
Supporting Document	cover lletter, letter of explanation	Approved-Closed	Yes
Form	child rider	Approved-Closed	Yes

SERFF Tracking Number: CMBD-127178451 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 48832

Company Tracking Number: 12909-411

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: chld rider

Project Name/Number: child rider/12909-411

Form Schedule

Lead Form Number: 12909-411

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	12909-411	Policy/Cont child rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	12909-411 .pdf

COMBINED INSURANCE COMPANY OF AMERICA
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

CHILD RIDER

In consideration of the premium paid for this rider, it is agreed that the following benefit is added to the policy.

CHILD BENEFIT

Your child(ren) will be provided with 50% of the policy benefits that are provided to you as shown in the Schedule when he or she suffers a covered loss. If you are covered by any rider, your child(ren) will also be covered by the rider at 50% of the benefits that are provided to you when he or she suffers a covered loss. Benefits payable are subject to the terms and limitations of the policy and any rider.

Child means a natural or legally adopted child of the Insured who is more than ten days old.

TERMINATION

Coverage under this rider shall terminate when the first of the following occurs:

- (1) the date a required premium is not paid, subject to the Grace Period provision; or
- (2) the date the policy terminates; or
- (3) the first premium due date following your 75th birthday; or
- (4) for each child: the first premium due date following each child's 21st birthday. (Age 23 if a registered student in regular full time attendance at an accredited secondary school, college or university). Coverage will remain in force for all remaining eligible children.

Termination of the coverage will not prejudice any claim for loss that began while coverage was in force.

CONVERSION PRIVILEGE

You may convert the coverage under this rider to an individual policy of insurance without furnishing evidence of insurability. The conversion must take place within 31 days after the termination of the policy due to the child's attainment of the relevant termination age (i.e., 21st birthday (23rd birthday if a registered student in regular full time attendance at an accredited secondary school, college or university)).

The individual policy will be substantially similar to coverage provided under this rider.

For the child's individual policy to take effect: (1) the child must be alive on the date the new policy is applied for; and (2) the Insured child must be living when the first full premium for the new policy is paid.

The effective date of the new policy will be the date of application.

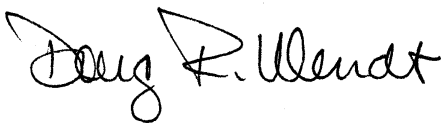
Premiums for the new policy shall be determined according to the premium rates of Combined in effect at the time of conversion for the Insured child's age.

This rider is part of the policy and is subject to all policy terms, limitations and provisions.

This rider is effective on the issue date shown in the Schedule.

The premium for this rider is shown in the Schedule.

For COMBINED INSURANCE COMPANY OF AMERICA

[

Chairman and
Chief Executive Officer



Secretary]

SERFF Tracking Number: CMBD-127178451 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 48832
Company Tracking Number: 12909-411
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: chld rider
Project Name/Number: child rider/12909-411

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/02/2011
Comments: Attached please find our flesch certification.		

Thank you,

Donna Marron
Senior Contract Analyst

Attachment:
12909-411-flesch.pdf

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/02/2011
Bypass Reason: We are filing a child rider only at this time, for review and approval.		

Thank you,

Donna Marron
Senior Contract Analyst

Comments:

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/02/2011
Bypass Reason: We are filing a child rider only at this time for review and approval.		

Thank you,

Donna Marron
Senior Contract Analyst

Comments:

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Product Name: chld rider
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	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/02/2011
Bypass Reason: We are filing a child rider only at this time for review and approval.		

Thank you,

Donna Marron
Senior Contract Analyst

Comments:

	Item Status:	Status Date:
Satisfied - Item: variability memo	Approved-Closed	06/02/2011

Comments:

Attached please find our variability memo.

Thank you,

Donna Marron
Senior Contract Analyst

Attachment:

12909-411-VariableMemo.pdf

	Item Status:	Status Date:
Satisfied - Item: Certificate of Compliance with Arkansas Rule and Regulation 19	Approved-Closed	06/02/2011

Comments:

Attached please find our certificate of compliance with Arkansas Rule and Regulation 19.

Thank you,

Donna Marron
Senior Contract Analyst

SERFF Tracking Number: CMBD-127178451 State: Arkansas
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Product Name: chld rider
Project Name/Number: child rider/12909-411

Attachment:

Certification of Compliance.pdf

	Item Status:	Status Date:
Satisfied - Item: cover lletter, letter of explanation	Approved-Closed	06/02/2011
Comments: Attached please find our cover letter.		

Thank you,

Donna Marron
Senior Contract Analyst

Attachment:

4-25-11 Cover Letter.pdf



READABILITY CERTIFICATION

RE: Form Nos. 12909-AZ-411 - Child Rider

We hereby certify that the above captioned forms have a flesch score of (see below) and meet the required minimum readability score, in not less than ten-point type, one point leaded.

Form Number
12909-AZ-411

Flesch Score
50

Michael J. Hollar

Michael J. Hollar
Manager, Policy Filings/
Government Relations

Michael J. Hollar – Assistant Secretary / Manager Policy Filings / Government Relations
Toll Free to Product Filings: 888.449.3623 Ext. 31531 Fax: 847.953.1557 Direct: 847.953.1531 E-Mail:
Michael_Hollar@combined.com
Combined Insurance Company 1000 Milwaukee Avenue-6th floor Glenview, Illinois 60025
phone: 847.953.1000 www.combinedinsurance.com



Variable Memorandum for 12909-411

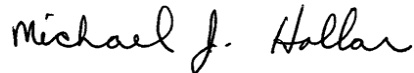
<u>Variable</u>	<u>Explanation</u>
[Home Office Address]	Bracketed to address any future change in the company's address.
[Officer's Signature & Title]	Bracketed to address any future change of officer and/or title.

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 12909-411 - Child Rider for Accident and Sickness Hospital Indemnity Policy

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Michael J. Hollar
Name

Assistant Secretary
Title

April 25, 2011

Date



May 20, 2011

Ms. Rosalind Minor
Arkansas Insurance Division
1200 W Third St
Little Rock, Arkansas 72201-1904

Re: **Combined Insurance Company of America**
Individual Accident & Health **FEIN Number 36-2136262**
NAIC Number 626-62146
Form No. 12909-411 - Child Rider for Accident and Sickness Hospital
Indemnity Policy, Form No. 12904-AR
SERFF Tracking Number: CMBD-127178451

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- ❖ Revised the first paragraph of the Conversion Privilege to read:

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Sincerely,

Donna Marron
Senior Policy Analyst
Enclosures